

<i>SERFF Tracking Number:</i>	<i>UTAC-126012703</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41427</i>
<i>Company Tracking Number:</i>	<i>AIMS GA2 412 EGP PPP [ABC]</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>LTC Powerpoint Advertisement</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Great American Life Insurance Company

Product Name: LTC Powerpoint Advertisement SERFF Tr Num: UTAC-126012703 State: ArkansasLH

TOI: LTC06 Long Term Care - Other SERFF Status: Closed State Tr Num: 41427

Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: AIMS GA2 412 EGP State Status: Filed-Closed  
PPP [ABC]

Filing Type: Advertisement Co Status: Reviewer(s): Marie Bennett

Author: Melissa MacLaurin Disposition Date: 02/04/2009

Date Submitted: 01/29/2009 Disposition Status: Filed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Status of Filing in Domicile: Not Filed

Project Number: Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type: Individual

Submission Type: New Submission Group Market Size:

Overall Rate Impact: Group Market Type:

Filing Status Changed: 02/04/2009

State Status Changed: 02/04/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

RE: GREAT AMERICAN® LIFE INSURANCE COMPANY

NAIC# 63312, FEIN# 13-1935920

INSTITUTIONAL ADVERTISEMENT

NEW FORM NUMBER DESCRIPTION

AIMS GA2 412 EGP PPP[ABC] Power Point Presentation

SERFF Tracking Number:	UTAC-126012703	State:	Arkansas
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**TO BE USED WITH APPROVED FORMS**

4LTCIP0001-AR Long Term Care Policy

4LTCIE0001-ACC Accelerated Payment of Premium Rider

4LTCIE0001-PDNH Prescription Drug Benefit in a Nursing Home Rider

4LTCIE0001-ENH Enhanced Nursing Home Care Rider

4LTCIE0001-EHHC-AR Enhanced Home Health Care Rider

4LTCIE0001-MHC Monthly Home Care Benefit Rider

4LTCIE0001-FROB Full Restoration of Benefits Rider

4LTCIE0001-JC Joint Coverage Rider

4LTCIE0001-DWP-AR Dual Waiver of Premium Rider

4LTCIE0001-SBIO Simple Benefit Increase Rider

4LTCIE0001-CBIO Compound Benefit Increase Rider

4LTCIE0001-DBIO Delayed to Age 65 Compound Benefit Increase Rider

4LTCIE0001-GPO Guaranteed Purchase Option Rider

4LTCIE0001-FROP Full Return of Premium Benefit Rider

4LTCIE0001-ROP Return of Premium Benefit Rider

4LTCIE0001-GROP Graded Return of Premium Benefit Rider

4LTCIE0001-NFB Nonforfeiture Benefit – Shortened Benefit Period Rider

4LTCIE0001-COIN 80/20 Coinsurance Rider

4LTCIE0001-FSWP Full Survivorship Paid Up Benefit Rider

4LTCIE0001-SWP10 Survivorship Paid Up Benefit Rider

4LTCIE0001-WEP Waiver of Elimination Period for Home Health Care, Adult  
Day Care and Monthly Cash Benefit Alternative Rider

4LTCIE0001-SP Single Premium Payment Amendatory Rider

4LTCIE0001-5PAY 5 Year Premium Payment Amendatory Rider

4LTCIE0001-10PAY 10 Year Premium Payment Amendatory Rider

4LTCIE0001-15PAY 15 Year Premium Payment Amendatory Rider

4LTCIE0001-20PAY 20 Year Premium Payment Amendatory Rider

4LTCIE0001-PU65 Paid Up at Age 65 Premium Payment Amendatory Rider

4LTCID0001-MPD Modal Premium Disclosure

4LTCIE0001-OWN Policy Ownership Rider

-Approved for use on 2/14/2006

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Dear Sir or Madam,

Enclosed for your review and approval are the above referenced individual long-term care insurance advertisements. These forms are new and do not replace any forms previously approved by your department.

Please be advised that the referenced advertisements will be used to market policy form 4LTCIP0001-AR, which was approved for use on 2/14/06.

If you should have any questions regarding this submission, please feel free to call me toll-free at 1-800-880-2745, extension 4794 or fax me at (512) 451-0357. My email address is [mmaclaurin@gafri.com](mailto:mmaclaurin@gafri.com).

Thank you in advance for your consideration.

Sincerely,

Melissa MacLaurin  
Compliance Analyst

## Company and Contact

### Filing Contact Information

Melissa MacLaurin, Compliance Analyst	<a href="mailto:mmaclaurin@gafri.com">mmaclaurin@gafri.com</a>
11200 Lakeline Blvd Ste 100	(512) 807-4794 [Phone]
Austin, TX 78717	

### Filing Company Information

Great American Life Insurance Company	CoCode: 63312	State of Domicile: Ohio
11200 Lakeline Blvd., Suite 100	Group Code: 84	Company Type: Insurance Company

*SERFF Tracking Number:*      *UTAC-126012703*      *State:*      *Arkansas*  
*Filing Company:*      *Great American Life Insurance Company*      *State Tracking Number:*      *41427*  
*Company Tracking Number:*      *AIMS GA2 412 EGP PPP [ABC]*  
*TOI:*      *LTC06 Long Term Care - Other*      *Sub-TOI:*      *LTC06.000 Long Term Care - Other*  
*Product Name:*      *LTC Powerpoint Advertisement*  
*Project Name/Number:*      */*

P.O. Box 559002

Austin, TX 78755-9002

(800) 880-8824 ext. [Phone]

Group Name:

FEIN Number: 13-1935920

-----

State ID Number:

SERFF Tracking Number: UTAC-126012703 State: Arkansas  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$25.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Life Insurance Company	\$25.00	01/29/2009	25361250

SERFF Tracking Number:	UTAC-126012703	State:	Arkansas
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	02/04/2009	02/04/2009

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## **Disposition**

Disposition Date: 02/04/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>UTAC-126012703</i>	<i>State:</i>	<i>Arkansas</i>
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	CERTIFICATION		Yes
<b>Supporting Document</b>	COVER LETTER		Yes
<b>Form</b>	Power Point Presentation		Yes



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## Form Schedule

**Lead Form Number:** AIMS GA2 412 EGP PPP [ABC]

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AIMS GA2 412 EGP PPP [ABC]	Advertising	Power Point Presentation	Initial			AIMS GA2 412 EGP PPP [ABC] 0109.pdf

# Long Term Care Insurance Employer Group Program

Proudly Presented to

[Organization Name/  
Logo]

# Program Highlights

- Group Rates
- Up to 10% Group Discount
- 30% Couples Discount
- 100% Portable
- Individual Selection Wrapped Around Group Administration
- New Hires Enroll Within 90 Days
- Annual Open Enrollment
- Payroll Deduction, Direct Bill/EFT

# Great American Offers Unique Features

- Electronic Enrollment Process
- Telephonic Signatures for Spouses Not Present
- Board Members Treated Same as Employees
- Available to Retirees and Retirees' Spouses
- ECO/EPA 30% Married Discount to All Married Applicants Even if Spouse Does Not Apply
- Tobacco Users and Higher Weight Class Will Get Group Rates if Using Simplified Issued Application
- No Phone Interview for Employees Using Simplified Issue Application

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## UNDERWRITING

- Simplified Issue – Ages 18-69, Working 30+ Hours Per Week
- Employer Pay All/Executive Carve-Out  
MGI Section A

**PART A**  
(If any question in PART A is answered YES, you are not eligible for coverage.)

	YES	NO
6a. Do you need assistance or supervision in performing any of the following activities: Bathing, Continence, Dressing, Eating, Toileting, Traveling?	<input type="checkbox"/>	<input type="checkbox"/>
6b. Are you dependent on the use of a walker, wheelchair, quad or 4 prong cane, or motorized scooter; or are you confined to a bed, your home, a hospital, or nursing home; or do you use medical equipment such as oxygen, a respirator, or a dialysis machine?	<input type="checkbox"/>	<input type="checkbox"/>
6c. Have you been diagnosed or treated for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? (AIDS test results obtained at alternate test sites are confidential and need not be disclosed.)	<input type="checkbox"/>	<input type="checkbox"/>
6d. Have you been diagnosed or treated for Alzheimer's Disease, Dementia, Parkinson's Disease, Diabetes using over 50 units of insulin per day, or Diabetes with amputation or kidney problems?	<input type="checkbox"/>	<input type="checkbox"/>
6e. During the last 12 MONTHS have you been diagnosed or treated for a Transient Ischemic Attack (TIA), Stroke, or Heart Attack?	<input type="checkbox"/>	<input type="checkbox"/>

None of these application questions should be interpreted as asking about AIDS unless a question specifically mentions AIDS.

- Voluntary  
SI-1 Sections A and B (Eligible Employees)

**PART B**  
(If any question in PART B is answered YES, you are not eligible for coverage.)

	YES	NO
6f. Due to any mental or physical disability, either current or past, is any person or institution currently authorized to act on your behalf?	<input type="checkbox"/>	<input type="checkbox"/>
6g. During the last 5 YEARS have you been diagnosed or treated for any of the following conditions?	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• ALS (Lou Gehrig's Disease)</li> <li>• Anorexia (Nervosa)</li> <li>• Central Nervous System Stunt</li> <li>• Cerebral Vascular Disease</li> <li>• Chronic Lymphocytic Leukemia</li> <li>• Cirrhosis of the Liver</li> <li>• Huntington's Chorea</li> <li>• Internal Lupus Erythematosus (SLE)</li> <li>• Memory Loss</li> <li>• Metastatic Cancer (cancer that has spread from the original site)</li> <li>• Multiple Sclerosis (MS)</li> <li>• Multiple Strokes</li> <li>• Multiple Transient Ischemic Attacks (TIAs)</li> <li>• Muscular Dystrophy</li> <li>• Schizophrenia or Psychosis</li> </ul>		
6h. During the last 12 MONTHS have you used Nursing Home, Assisted Living Facility, Adult Day Care, or Home Care services?	<input type="checkbox"/>	<input type="checkbox"/>

- SI-2 Sections A, B, and C (Eligible Family Members)

**PART C**

6i. Have you been medically advised that you will need surgery which has NOT been performed? (If YES, provide details below.)

☐ YES ☐ NO

6j. Complete the following information regarding your prescription medications.

Medication	Dosage	Frequency	Condition	Date From/To

6k. Complete the following information regarding your primary care physician.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Last Seen: \_\_\_\_\_ Reason: \_\_\_\_\_

- Drug Screen Pulled on All Applicants

# Professional Options for Reaching Your Employees

- Email Blast from Human Resources with Endorsement Letter
- Interactive Customized Website
- Payroll Stuffers
- Mailers
- Informational Posters
- Educational Meetings/Individual Sign-up Time

# Letter to Human Resources

[Organization  
Name/Logo]

Approved Long Term Care Insurance Program for  
Desert Schools Employees

The Desert Schools Management has approved a  
discounted Long Term Care Insurance Program to be  
offered to all Desert Schools employees, retirees, and  
their family members.

Click [HERE](#) to view the approved letter.

**In a few minutes I will send you a second email.  
Please forward that email to all of your employees.**

For questions concerning the email notification, please  
call 1-800-557-5721.

Sincerely,

ABC Agent

# Sample Endorsement Letter

[Organization  
Name/Logo]

Dear Employee,

A significant number of employees have expressed an interest in a program for long term care insurance. Throughout the nation, there is an ever-increasing concern about the cost of long term care and the effects on our families, our assets, and our financial security during retirement years.

After a comprehensive analysis, we are pleased to announce that we have chosen an individual long term care policy underwritten by Great American Life Insurance Company®. This company is one of the industry leaders in this type of insurance, has excellent ratings for financial strength, and has provided insurance benefits for many years.

Premium discounts are available to eligible applicants including the employee, their spouse, parents, grandparents, aunts, uncles, in-laws and children 18 and older. Eligible applicants also qualify for simplified underwriting.

Call 987-654-3210 and a licensed insurance agent will provide you with additional information.

Sincerely,

*Signature*

Printed Name and Title



# Email to Employees

[Organization  
Name/Logo]

Approved Long Term Care Insurance Program for Desert Schools Employees

The [approved discounted Long Term Care Insurance Program](#) is offered to all Desert Schools employees. With the cost for long term care averaging over \$55,000 per year, this program is designed to help protect you, your family, and your retirement security.

To request information on this program, Click [here](#) or call 1-800-557-5721.

This program offers special discounts not available to the general public for:

- you
- your family members including
  - Spouses
  - Parents
  - grandparents

Protection is available should you need care at home, in an assisted living or nursing home facilities.

If you would like to forward this to a family member, please feel free to do so.

Sincerely,

ABC Agent

# Endorsement Letter

[Organization  
Name/Logo]

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Call 987-654-3210 and a licensed insurance agent will provide you with additional information.

Sincerely,

*Signature*

Printed Name and Title

# Information Request Page

[Organization  
Name/Logo]

Information Request For  
Long Term Care Insurance.

Please fill in the information below. A representative will  
contact you by phone to provide you with premium and  
benefit information.

\*\*\*\*\*Use the Tab key to navigate this form\*\*\*\*\*

Name \*

Employer \*

Department

Mailing Address

City

State

Zip

Work Phone w/Area Code

Extension

Home Phone w/Area Code

Cell Phone w/Area Code

Email address \*


Submit Form

# Thank You Screen

[Organization  
Name/Logo]

Thank you for completing our  
information Request Form

# Interactive Customized Website



**Do you currently have a web presence?**

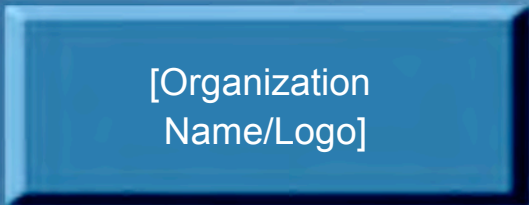
**LTC** *Benefits For Employer Groups*

Not just a presence, but a site which will engage the user and allow you to powerfully and effectively communicate your message to your employees.

- ➔ **Increase Your Employees Education on LTCi**
- ➔ **Numerous Pages of Professionally Written Content**
- ➔ **Interactive Customizable Financial Calculators**
- ➔ **15 Template Designs**

Get connected to your employees with a customizable and interactive LTCi consumer website.

# Desert Schools FCU Customized Website

		<p>[Agent Name] 123 North West Street Towne, AB 98765 987-654-3210]</p>			
Home	About LTC	Risk Factors	Tax Info	Calculators	LTC School
<h2>Welcome!</h2> <p>Thank you for visiting our website. Our goal is to help you better understand Long-Term Care and Long-Term Care Insurance and how Long-Term Care Insurance can help you protect your hard-earned assets.</p> <p>We have organized pertinent information and interactive tools that will help you understand not only Long-Term Care but also the potential financial ramifications of a Long-Term Care need. We invite you to take your time and explore this information at your leisure, and if you have any questions, please feel free to contact us.</p> <p><b>Let's Get Started!</b></p>			<h2>A Note from Member Benefit Services</h2> <p>We would like to take this opportunity to welcome members and thank you for taking the time to visit our site. I encourage you to take advantage of the tools and information we supply which are designed to help you reach an educated and informed decision about whether long-term care insurance is appropriate for you.</p> <p>After you have had time to review our information and work with our LTCI Planning Tools, the AIMS Call Center will be happy to address any questions or concerns you might have regarding long-term care or long-term care insurance. You can contact us by email or call us at the number above.</p> <p>Thank you once again for visiting our site. We look forward to assisting you in the near future.</p>		
<p>  Home   Contact Us   Request Info   Refer A Friend  </p> <p>Copyright ©2004-2008 All Rights Reserved.</p> <p>10/9/2008</p>					



[Agent Name  
123 North West Street  
Towne, AB 98765  
987-654-3210]

[Organization  
Name/Logo]

[Home](#)

[About LTC](#)

[Risk Factors](#)

[Tax Info](#)

[Calculators](#)

[LTC School](#)

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[Let's Get Started!](#)

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Thank you once again for visiting our site. We look forward to assisting you in the near future.

[| Home](#) | [Contact Us](#) | [Request Info](#) | [Refer A Friend](#) |

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10/9/2008

# Personalized Letter from Desert Schools FCU

[Organization  
Name/Logo]

[Home](#) [About LTC](#) [Risk Factors](#) [Tax Info](#) [Calculators](#) [LTC School](#)

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10/9/2008



[Organization  
Name/Logo]

[Agent Name  
123 North West Street  
Towne, AB 98765  
987-654-3210]

Home	About LTC	Risk Factors	Tax Info	Calculators	LTC School
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## What is long-term care?

Long-Term Care services are those services designed to assist someone who has lost some or all of the ability to care for himself or herself due to an illness, an accident or simply the frailty of aging.

Long-term care includes a wide range of services which help people maintain the normal activities of daily living; activities like bathing, continence, dressing, eating, toileting and transferring (like moving from a bed to a chair or from a chair to standing, etc.). Long-term care services can be provided in your home, in and through community resources or in a formal setting such as a nursing home or assisted living facility.

Continue

### About LTC

- LTC Insurance
- LTC Services
- Home Health Care
- Community Care
- Facilities

| Home | Contact Us | Request Info | Refer A Friend |

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10/9/2008

[Organization  
Name/Logo]

[Agent Name  
123 North West Street  
Towne, AB 98765  
987-654-3210]

Home	About LTC	Risk Factors	Tax Info	Calculators	LTC School
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## Considering the Risk

True or False - Long-Term Care Insurance is something that only older people should consider.

The answer is unequivocally **False**.

A frequent misperception is that long-term care insurance is only for the elderly or infirm. In reality, 40% of people receiving care today are between the ages of 18 and 64.<sup>1</sup>

It's not hard to imagine why such is the case: automobile and recreational accidents (skiing, horseback riding etc.) or illnesses such as multiple sclerosis, stroke or heart attack. We all know of or can think of younger people who have had accidents which caused paralysis or someone who has a disease, such as Parkinson's.

And so, with so many working-age adults requiring long-term care services, it is easy to see that Long-Term Care Insurance is a product that everyone, regardless of age, needs to carefully consider as an addition to his or her risk management planning.

Long-term care services are only covered by Long-Term Care Insurance. It seems simple enough, but it's true - and it bears repeating...long-term care services are only covered by Long-Term Care Insurance.

Some people believe their Disability Income Insurance provides coverage if long-term care services are needed. However, Disability Income Insurance is designed to provide income so you can continue to meet your everyday bills and financial needs; it does not pay for long-term care services. Similarly, Health Insurance provides coverage for acute conditions, but was not designed to accommodate or pay benefits for long-term or chronic conditions.

If you are not financially prepared for a long-term care need, your care options may be limited. Perhaps family members can help? Certainly family will want to help, but many family members today are either not geographically close enough to participate or are not in an economic position to assist financially.

### Risk Factors

My Family

About Medicare

About Medicaid

[Organization  
Name/Logo]

[Agent Name  
123 North West Street  
Towne, AB 98765  
987-654-3210]

Home

About LTC

Risk Factors

**Tax Info**

Calculators

LTC School

## Tax Issues

The Federal Government and many state governments have provided tax advantages for those who purchase long-term care insurance. Following is a general discussion of some of these tax advantages.

**The information presented herein is not all-inclusive, nor is it intended to be.** Many of the general rules discussed and examples provided have exceptions and limitations, and as a result it is possible that **the general rule or example may not apply to you or your particular situation.**

**Please note that laws and regulations change frequently and are subject to differing interpretations.**

Additionally, Member Benefit Services and its employees and representatives do not provide legal, accounting, or tax planning advice, and nothing presented in this discussion should be construed as such.

**If expert advice is required, Member Benefit Services strongly recommends that you seek the assistance of a competent, licensed tax consultant.**

### Tax-Qualified Long-Term Care Insurance Policies

In 1996 Congress passed the Health Insurance Portability and Accountability Act (HIPAA) which provided, in part, the criteria for establishing tax-qualified long-term care insurance policies. Essentially, HIPAA provided that benefits paid under a long-term care insurance policy would not be taxable if the long-term care insurance policy met minimum eligibility criteria. As a result of HIPAA, it is easy to tell which long-term care insurance policies are intended to be tax-qualified because there will be an identifying paragraph on the front page of the contract.

Long-term care insurance policies pay benefits in one of two ways - through either a Reimbursement Model or an Indemnity Model.

[Continue](#)

### Tax Info

Reimbursement Model

Indemnity Model

Benefit Tax Treatment

Individual Taxpayers

Sole Proprietor

Partnerships

C-Corporations

S-Corporations

LLCs & PCs



[Organization  
Name/Logo]

[Agent Name  
123 North West Street  
Towne, AB 98765  
987-654-3210]

HomeAbout LTCTax InfoCalculatorsLTC School

## C-Corporations

### Business Deductibility of Employer-Paid Premiums

#### On Behalf of an Employee

A C-Corporation that purchases Tax-Qualified Long-Term Care Insurance on behalf of an Employee may deduct the premiums paid as an ordinary business expense. This holds true for Tax-Qualified Long-Term Care Insurance purchased for the Employee's spouse or other tax dependent.

#### On Behalf of an Employee Stockholder

A C-Corporation that purchases Tax-Qualified Long-Term Care Insurance on behalf of an Employee Stockholder may deduct the premiums paid as an ordinary business expense. This holds true for Tax-Qualified Long-Term Care Insurance purchased for the Employee Stockholder's spouse or other tax dependent.

#### On Behalf of a Stockholder (Owner) Who is not an Employee

A C-Corporation that purchases Tax-Qualified Long-Term Care Insurance for a shareholder who is not an employee does not receive a deduction for the premiums paid.

### Tax Consequences of C-Corp-Paid Premiums

#### For an Employee

Employer-paid Long-Term Care Insurance premiums would not be included in the Employee's gross income (IRC Sec. 106). This would also apply to premiums paid on behalf of the employee's spouse and other tax dependents.

#### For an Employee Stockholder

Provided that the Stockholder is also a bona fide Employee of the C-Corporation, Tax-Qualified Long-Term Care Insurance premiums paid by the C-

Tax Info

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C-Corporations

S-Corporations

LLCs & PCs

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		<b>[Agent Name]</b> 123 North West Street Towne, AB 98765 987-654-3210			
<a href="#">Home</a>	<a href="#">About LTC</a>	<a href="#">Risk Factors</a>	<a href="#">Tax Info</a>	<a href="#">Calculators</a>	<a href="#">LTC School</a>

**LTCI Calculators**

Welcome to our LTCI Tool Kit. The LTCI Tool Kit contains six different charts designed to help you better understand the issues surrounding long-term care and long-term care insurance. All you have to do is answer the three questions that follow, then select the LTCI Tool of your choice.

Please tell us which state you live in: WI ▼

Please tell us your current age: 52 ▼

Tell us the interest rate you currently earn on savings: 4% ▼

[Continue](#)

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10/13/2008

[Organization  
Name/Logo]

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123 North West Street  
Towne, AB 98765  
987-654-3210]

[Return To Menu](#)

### Can I Self-Insure Against the Risk ?

Hypothetical Annual Premium of \$2,735.00<sup>1</sup>.

Premium Savings at 4%

Annual Cost of Care

**After 28 years of saving,**  
**you have accumulated approximately enough money to pay for**  
**only 4 months of care.**

**If you were faced with the average 3 Year Long-Term Care need<sup>2</sup>, even under the optimal saving conditions shown above, you would have (\$868,132.36) of exposure.**

**Every year in addition to the average 3 Year need will cost you an additional \$329,094.84 per year.**

\$42,082.00	64	\$150,762.14
\$45,978.46	65	\$158,300.25
\$49,982.47	66	\$166,215.26
\$54,096.98	67	\$174,526.02
\$58,325.06	68	\$183,252.32
\$62,669.83	69	\$192,414.94
\$67,134.52	70	\$202,035.68
\$71,722.43	71	\$212,137.47
\$76,436.97	72	\$222,744.34
\$81,281.63	73	\$233,881.56
\$86,260.00	74	\$245,575.64
\$91,375.78	75	\$257,854.42
\$96,632.75	76	\$270,747.14
\$102,034.82	77	\$284,284.50
\$107,585.98	78	\$298,498.72
\$113,290.35	79	\$313,423.66
\$119,152.16	80	\$329,094.84

**After 28 years of saving,**  
**you have accumulated approximately enough money to pay for**  
**only 4 months of care.**


**If you were faced with the average 3 Year Long-Term Care need<sup>2</sup>, even under the optimal saving conditions shown above, you would have (\$868,132.36) of exposure.**

**Every year in addition to the average 3 Year need will cost you an additional \$329,094.84 per year.**

[Return To Menu](#)

1. Interest credited at the end of the year. Hypothetical premium based on \$220/Day, 100% Home Health, 5 Year Benefit Period, Compound Inflation Rider and 90 Day Elimination Period with Spousal & Prefamed Discounts. Policies vary; consult your agent about specific plan design and premiums for your individual situation.

2. "Long-Term Care Over an Uncertain Future: What Can Current Retirees Expect" Inquiry: 4th Quarter Report 2005

	<p>[Agent Name 123 North West Street Towne, AB 98765 987-654-3210]</p>		
	<a href="#">Previous Page</a>	<a href="#">Return Home</a>	<a href="#">Next Page</a>
<h2>LTC School</h2> <p>To help you better understand Long-Term Care Insurance, this site will walk you through several pages explaining what long-term care is and why you should consider adding this valuable coverage to your financial portfolio. It will take approximately 15 minutes to view these pages. This information will enable you to make an informed decision about whether or not long-term care insurance is right for you.</p> <p>Please tell us which state you live in: <input type="text" value="WI"/></p> <p><a href="#">Start LTC Education</a></p>			
<p><a href="#">  Home  </a> <a href="#">Contact Us  </a> <a href="#">Request Info  </a> <a href="#">Refer A Friend  </a></p> <p>Copyright ©2004-2008 All Rights Reserved.</p> <p>10/13/2008</p>			

## Why should I offer my employees Long Term Care Insurance as a benefit?

**Easing the caregiver burden –**  
many employees are now becoming the caregivers for their parents. Members of this “sandwich generation” find themselves pressed for money and time as they care for their aging parents and children at the same time. This can take a toll on personal and professional lives.



## Why should I offer my employees Long Term Care Insurance as a benefit?

Along with the impact caregiving takes on a worker's personal life, this burden has an **impact on productivity**. There are costs of replacing an employee who must quit to care for a family member. Caregivers report that they have had to adjust their schedules, arrive late for work, or take long lunch breaks to meet their demanding personal schedules.

# Why should I offer my employees Long Term Care Insurance as a benefit?

## **Critical component of retirement planning**

- A lifetime of savings can be used up very quickly paying for long term care.

# Why should I offer my employees Long Term Care Insurance as a benefit?

Working age family caregivers double their chances of remaining in the workforce if the loved one they are caring for has private long term care insurance. These caregivers also experience significantly fewer work disruptions and social stresses.<sup>1</sup>

<sup>1</sup>Healthy Outlook, November, 2007.

# Why should I offer my employees Long Term Care Insurance as a benefit?

Offering a long term care coverage program helps employers **recruit and retain** talented workers.

*Thank you*

[Organization Name/Logo]

*We look forward to providing  
your employees and extended family  
members the protection they deserve!*

<i>SERFF Tracking Number:</i>	<i>UTAC-126012703</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41427</i>
<i>Company Tracking Number:</i>	<i>AIMS GA2 412 EGP PPP [ABC]</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>LTC Powerpoint Advertisement</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number:	UTAC-126012703	State:	Arkansas
Filing Company:	Great American Life Insurance Company	State Tracking Number:	41427
Company Tracking Number:	AIMS GA2 412 EGP PPP [ABC]		
TOI:	LTC06 Long Term Care - Other	Sub-TOI:	LTC06.000 Long Term Care - Other
Product Name:	LTC Powerpoint Advertisement		
Project Name/Number:	/		

## Supporting Document Schedules

	<b>Review Status:</b>	
<b>Satisfied -Name:</b>	CERTIFICATION	01/29/2009
<b>Comments:</b>		
<b>Attachment:</b>		
AR Certification.pdf		

	<b>Review Status:</b>	
<b>Satisfied -Name:</b>	COVER LETTER	01/29/2009
<b>Comments:</b>		
<b>Attachment:</b>		
AR Adv Filing Ltr.pdf		

## Arkansas Certification

This submission meets the provisions of Rule and Regulation 19, "Unfair sex discrimination in the sale of insurance" as well as all applicable requirements of this Department.

*Melina Maglumi*

, Compliance Analyst

Name and Title

January 29, 2009

Date





Great American Life  
Insurance Company  
P.O. Box 559002  
Austin, Texas 78755-9002

January 29, 2009

Advertisement Form Filing Division  
Life and Health Division  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

*Shipping Address:*  
11200 Lakeline Blvd.  
Ste 100  
Austin, Texas 78717

*Phone* 800-880-2745  
*Fax* 512-451-0357

**RE: GREAT AMERICAN® LIFE INSURANCE COMPANY**  
**NAIC# 63312, FEIN# 13-1935920**

**INSTITUTIONAL ADVERTISEMENT**

<b><u>NEW FORM NUMBER</u></b>	<b><u>DESCRIPTION</u></b>
AIMS GA2 412 EGP PPP[ABC]	Power Point Presentation

**TO BE USED WITH APPROVED FORMS**

4LTCIP0001-AR	Long Term Care Policy
4LTCIE0001-ACC	Accelerated Payment of Premium Rider
4LTCIE0001-PDNH	Prescription Drug Benefit in a Nursing Home Rider
4LTCIE0001-ENH	Enhanced Nursing Home Care Rider
4LTCIE0001-EHHC-AR	Enhanced Home Health Care Rider
4LTCIE0001-MHC	Monthly Home Care Benefit Rider
4LTCIE0001-FROB	Full Restoration of Benefits Rider
4LTCIE0001-JC	Joint Coverage Rider
4LTCIE0001-DWP-AR	Dual Waiver of Premium Rider
4LTCIE0001-SBIO	Simple Benefit Increase Rider
4LTCIE0001-CBIO	Compound Benefit Increase Rider
4LTCIE0001-DBIO	Delayed to Age 65 Compound Benefit Increase Rider
4LTCIE0001-GPO	Guaranteed Purchase Option Rider
4LTCIE0001-FROP	Full Return of Premium Benefit Rider
4LTCIE0001-ROP	Return of Premium Benefit Rider
4LTCIE0001-GROP	Graded Return of Premium Benefit Rider
4LTCIE0001-NFB	Nonforfeiture Benefit – Shortened Benefit Period Rider
4LTCIE0001-COIN	80/20 Coinsurance Rider
4LTCIE0001-FSWP	Full Survivorship Paid Up Benefit Rider
4LTCIE0001-SWP10	Survivorship Paid Up Benefit Rider
4LTCIE0001-WEP	Waiver of Elimination Period for Home Health Care, Adult Day Care and Monthly Cash Benefit Alternative Rider
4LTCIE0001-SP	Single Premium Payment Amendatory Rider
4LTCIE0001-5PAY	5 Year Premium Payment Amendatory Rider
4LTCIE0001-10PAY	10 Year Premium Payment Amendatory Rider
4LTCIE0001-15PAY	15 Year Premium Payment Amendatory Rider
4LTCIE0001-20PAY	20 Year Premium Payment Amendatory Rider
4LTCIE0001-PU65	Paid Up at Age 65 Premium Payment Amendatory Rider
4LTCID0001-MPD	Modal Premium Disclosure
4LTCIE0001-OWN	Policy Ownership Rider

-Approved for use on 2/14/2006

**Arkansas Department of Insurance**  
**January 29, 2009**  
**Page Two (2)**

Dear Sir or Madam,

Enclosed for your review and approval are the above referenced individual long-term care insurance advertisements. These forms are new and do not replace any forms previously approved by your department.

Please be advised that the referenced advertisements will be used to market policy form 4LTCIP0001-AR, which was approved for use on 2/14/06.

If you should have any questions regarding this submission, please feel free to call me toll-free at 1-800-880-2745, extension 4794 or fax me at (512) 451-0357. My email address is [mmaclaurin@gafri.com](mailto:mmaclaurin@gafri.com).

Thank you in advance for your consideration.

Sincerely,



Melissa MacLaurin  
Compliance Analyst